FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISS RECEIVED

Washington, D.C. 20549

MANUALLY SIGNED ORIGINAL

FORM D

NOTICE OF SALE OF SECURITY

DEC 2 8 2004

SEC USE ONLY Serial DATE RECEIVED

PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| Name of Offering: (check if this is an amendn | nent and name has changed, and i | ndicate change | e.) | |
|--|-----------------------------------|-----------------|---------------------------|----------------------|
| Payson Commons Development | | | | |
| Filing Under (Check box(es) that apply): | Rule 504 | le 506 🔲 Se | ection 4(6) ULOE | |
| Type of Filing: New Filing Amend | | | · · · | |
| | A. BASIC IDENTIFICATI | ON DATA | | |
| 1. Enter the information requested about th | ne issuer. | | | |
| Name of Issuer: (check if this is an amendmer | nt and name has changed, and indi | cate change.) | | |
| Terra-Payson 40 L.L.C. | G , | | | |
| Address of Executive Offices | (Number and Street, City, State | Zip Code) | Telephone Number (Include | ding Area Code) |
| 7975 North Hayden Road, Suite A-205, Scottsdale | e, Arizona 85258 | - | 480-348-1220 | |
| Address of Principal Business Operations | (Number and Street, City, State | , Zip Code) | Telephone Number (Include | ding Area Code) |
| (if different from Executive Offices) | | | | |
| | | | <u> </u> | |
| Brief Description of Business | | | | |
| Land development | | | | PPACECCE |
| Type of Business Organization: | | | | THOCKSOED |
| ☐ corporation ☐ limited partnersh | nip, already formed 🛛 other (plea | se specify): li | imited liability company | DE0 - |
| business trust limited partnersh | • | • • • • | | DEC 3 0 2004 |
| | Month | Year | | |
| Actual or Estimated Date of Incorporation or Orga | anization: 05 04 | | ☐ Estimated | Thomson Financial |
| | | | | LINANCIAL F |
| Jurisdiction of Incorporation or Organization: (Er | | e abbreviation | for State: AZ | <u> </u> |
| CN for Canada; FN for other foreign jur | risdiction) | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

| A. BASIC IDENTIFICATION DATA |
|--|
| 2. Enter the information requested for the following: |
| Each promoter of the issuer, if the issuer has been organized within the past five years; |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities |
| of the issuer; |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Horton, Mike |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| 7975 North Hayden Road, Suite A-205, Scottsdale, Arizona 85258 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Carder, Steve |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| 7975 North Hayden Road, Suite A-205, Scottsdale, Arizona 85258 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Nielsen, Gary |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| 7975 North Hayden Road, Suite A-205, Scottsdale, Arizona 85258 |
| Check Box(es) that Apply: |
| Full Name (Last name first, if individual) |
| Back, John |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| 7975 North Hayden Road, Suite A-205, Scottsdale, Arizona 85258 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| During and During Addition Add |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Charle Day(sa) that Apply December Dece |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) |
| ruii Name (Last name mst, n motviduar) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Dusiness of Residence Address (Number and Street, City, State, Elp Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Tail Cast haire 1104 it heritaati) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| D ' D ' |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) |
| (Obe orders of copy and abe additional copies of and street, as necessary) |

2 of 8

435903.1

| | B. INFORMATION ABOUT OFFERING | | |
|------|---|---------------------------------|-----------|
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes | No |
| 2. | What is the minimum investment that will be accepted from any individual? | \$ <u>100,000</u> Yes | No |
| 3. | Does the offering permit joint ownership of a single unit? | ∑. | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any or remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. | s an associated If more than | l person |
| | Name (Last name first, if individual) hard Ryan | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | |
| | 0 W Campo Bello Drive ne of Associated Broker or Dealer | | |
| | Ryan Financial | | |
| | es in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States"/or check individual States) | 🗌 A | ll States |
| | [AL][AK][AK][AR][CA][CO][CT][DE][DC][FL][GA][HI][ID] [IL] [IN] [IA] [KS][KY][LA] [ME][MD][MA][MI][MN][MS][MO] [MT][NE][NV][NH][NJ][NM][NY][NC][ND][OH][OK][OR][PA] [RI] [SC][SD][TN][TX][UT][VT][VA][WA][WV][WI][WY][PR] | | |
| Full | Name (Last name first, if individual) | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nan | ne of Associated Broker or Dealer | | |
| Stat | es in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | 🗌 A | ll States |
| Full | Name (Last name first, if individual) | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | - |
| Nan | ne of Associated Broker or Dealer | | |
| Stat | es in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | 🗀 A | ll States |
| Full | Name (Last name first, if individual) | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nan | ne of Associated Broker or Dealer | | |
| Stat | es in Which Person Listed Has Solicited or Intends to Solicit Purchasers | - | |
| | (Check "All States" or check individual States) | 🗖 A | ll States |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

435903.1 3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | exchanged. | A | A seema Alice d |
|----|--|-----------------------------|--|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | <u>\$</u> | \$ |
| | Other (Specify membership interests) | <u>\$ 2,400,000</u> | \$ 200,000 |
| | Total | <u>\$ 2,400,000</u> | \$ 200,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | A countries of Transactions | 2 | e 200.000 |
| | Accredited Investors | | \$ 200,000 |
| | Non-accredited Investors | | \$ |
| | | | 3 |
| | Answer also in Appendix, Column 4, if filing under ULOE | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Transport of the contract of t | T | Dallan Amazona |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | | | |
| | Rule 505 | | |
| | | | |
| | Rule 505Regulation A | | |
| 4. | Rule 505Regulation ARule 504 | | |
| 4. | Rule 505 | Security | \$ \$ \$ \$ \$ \$ |
| 4. | Rule 505 | Security | |
| 4. | Rule 505 | Security | \$ \$ 1,000 |
| 4. | Rule 505 | Security | \$ \$ 1,000 \$ 6,000 |
| 4. | Rule 505 | Security | \$ \$ 1,000 \$ 6,000 |
| 4. | Rule 505 | | \$ \$ 1,000 \$ 6,000 \$ 30,000 \$ 4,000 |
| 4. | Rule 505 | Security | \$ \$ 1,000 \$ 6,000 \$ 30,000 |
| 4. | Rule 505 | Security | \$ \$ 1,000 \$ 6,000 \$ 30,000 \$ 4,000 |
| 4. | Rule 505 | Security | \$ \$ 1,000 \$ 6,000 \$ 30,000 \$ 4,000 |
| 4. | Rule 505 | Security | \$ \$ 1,000 \$ 6,000 \$ 30,000 \$ 4,000 |

4 of 8

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O |)F PR | OCEEDS | | |
|-----|---|-------------|---|-------------|---------------------------|
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | | | | |
| | | Di | ayments to Officers, rectors, and Affiliates | | Payment to Others |
| | Salaries and fees | \boxtimes | <u>\$ 195,000</u> | | \$ |
| | Purchase of real estate | | <u>\$</u> | \boxtimes | <u>\$ 770,000</u> |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | | \$ |
| | Construction or leasing of plant buildings and facilities | | \$ | | \$ |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | \$ | | \$ |
| | Repayment of indebtedness | | \$ | | \$ |
| | Working capital | | \$ | | \$ |
| | Other (specify): <u>Interest and fees \$253,603</u> <u>Land Development \$ 1,140,397</u> | | | | 1,394,0 |
| | Column Totals Total Payments Listed (column totals added) | ⊠ | \$ 195,000 | ☒ | \$ 2,164,000 2,359,000 |
| _ | D. FEDERAL SIGNATURE | | | | |
| sig | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. | | | | |
| cci | uer (Print or Type) rra-Payson 40 L.L.C. Date 12-27- | 04 | | | |
| | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E. STATE SIGNA | ATURE | | | |
|----|--|---|------------------------|------------------------|-----------------|------------------|
| 1. | Is any party described in 17 CFR 230.262 rule? | | | | Yes | No ⊠ |
| | | See Appendix, Column 5, fo | or state response. | | | |
| 2. | The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required | • | strator of any state i | in which this notice | is filed, a not | cice on Form D |
| 3. | The undersigned issuer hereby undertakes offerees. | s to furnish to the state adminis | trators, upon writter | n request, informati | on furnished b | by the issuer to |
| 4. | The undersigned issuer represents that the Offering Exemption (ULOE) of the state i has the burden of establishing that these co | n which this notice if filed and u | | | | |
| | e issuer has read this notification and knows y authorized person. | the contents to be true and has de | uly caused this notic | ee to be signed on its | s behalf by the | undersigned |
| | uer (Print or Type) ra-Payson 40 L.L.C. | Signature CM | Tilson | Date 12-27-04 | | |
| | me of Signer (Print or Type) ry Nielsen | Title of Signer (Print or Type Principal |) | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

6 of 8 435903.1

APPENDIX

| 1 | | 2 | 3 | | 4 | 1 | ···· | | 5 | |
|-------|---------|----|--|--------------------------------------|--|--|--------|--|---------------------------------------|--|
| | non-acc | | Type of security and aggregate offering price offered in state (Part C - Item 1) | | Type of investor and amount purchased in State (Part C - Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | | | |
| AZ | | х | | 2 | 200,000 | | | | | |
| AR | | | | | | | | | | |
| CA | | | | | ., | | | | | |
| CO | | | | | | | | | | |
| CT | | | | | | | | | | |
| DE | | | | | | | | | | |
| DC | | | | | | | | | | |
| FL | | | | | | | | | | |
| GA | | | | | | | | | | |
| HI | | | | | | | | | | |
| ID | | | | | | | | | | |
| IL | | | | | | | | | | |
| IN | | | | | | | | | | |
| IA | | | | | | | | | ** | |
| KS | | | | | | | | | , + 1 , p ₊ , + | |
| KY | | | | | | | | | | |
| LA | | | | | | | | | | |
| ME | | | | | | | | | | |
| MD | | | | | | | | | | |
| MA | | | | | | | | | | |
| MI | | | | | | | | | | |
| MN | | | | | | | | | | |
| MS | | | | | ** | | | | | |
| MO | | | | | | | | | | |
| MT | | | | | | | | | | |
| NE | | | | | | | | | | |
| NV | | | | | | | | | | |
| NH | | | | · | | | | | | |
| NJ | | | | | | | | | | |

435903.1 7 of 8

| 1 | | 2 | 3 | | | 4 | | | 5 | |
|-------|--|---|--|--|--|--|-------------|--|----|--|
| | non-ac investor | to sell to credited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C - Item 1) | | Type of investor and amount purchased in State (Part C - Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | |
| NM | | | | | | | | | | |
| NY | | | | | | | | | | |
| NC | | | | | | | | | | |
| ND | | | | | | | | | | |
| ОН | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| OK | | | | | | | | | | |
| OR | | | | | | | | | | |
| PA | 1 | | · · · · · · | | - | | | | | |
| RI | | | | | | | | | | |
| SC | | | | | | | | | _ | |
| SD | | | | | | | | | | |
| TN | | | | | | | | | | |
| TX | | | | | | | | | | |
| UT | | <u> </u> | | | | | | | | |
| VT | | | | | | | | | | |
| VA | | | | - | | 1 | | | | |
| WA | | | | | | | | | | |
| WV | | | | | | | | | | |
| WI | | | | - | | | | | | |
| WY | | - | | | | | | | | |
| PR | | | | | | | | | | |

8 of 8

435903.1